outside on his porch, watching a crowd of kids playing basketball, and he'd talk a little about the war. He spoke in a soft voice, with an accent forged in Brooklyn, and he'd recall the time they split dozens of Marines into two groups. They put both groups on different planes, to fly to the same place.

One plane got hit. Everybody died. John McGuire was on the other plane.

He came home angry, he said, lacking faith in anything. He wondered at the senseless luck that sent him back alive, when good friends in Vietnam seemed to die for nothing. Over the next few years, he forged a hard logic. He dedicated himself to justifying those who died, and the best way to do it was by helping veterans. If that circle went unbroken, then their sacrifice made sense.

That is what he did, for the rest of his life. He married a strong women, Joyce Kusak, and they had four terrific children. McGuire lived for two things—his family and his cause. Kusak-McGuire tells a story of standing exhausted at the door, a newborn baby in her arms, while her husband left in the middle of the night to take down a veteran threatening suicide.

The McGuires settled on the dead-end block of Robineau. Years later, my family moved in down the street. One night, McGuire sat on the porch and watched a crowd of kids shooting baskets. Some of them he knew. Some of them he'd never seen. As he watched, he explained why he lived in the city.

He expressed a great respect, almost a reverence, for elderly veterans. He spoke of how he admired his parents and their contemporaries, the way they dealt with the Great Depression, World War II, all the fears of the Cold War. But he also said that generation could not solve every problem, and one of the problems handed down was the polarization over race.

"We'll never solve anything," McGuire said, "unless we take it on." His wife felt the same way. They stayed in Syracuse.

A couple of years ago, McGuire returned to his hotel room at a business meeting. He kept trying to push his room key into the lock, upside down. His close friend, Harry Schultz, knew something was wrong. He got McGuire to a nurse, who examined him and then rushed him to a hospital. Brain tumor. They did surgery, but the tumor eventually came back.

McGuire, in the past few months, often took long walks. I saw him walking on a June morning with his son Aiden just after I returned from a conference in Washington. I think McGuire also had his toddler grandson with him, but maybe that is how I want to remember it.

I had visited the Wall, the Vietnam Memorial, for the first time. By coincidence, I had been there on Father's Day. As always happens on that day, there was a gathering for grown children of the soldiers whose names are on the wall. They brought sponges and buckets of water. They scrubbed their fathers' names to a shine.

I told McGuire the story. He started weeping, shoulders heaving, in the middle of the road. He said sonething—his voice cracking—about men who died for nothing.

That burden's gone. He's with them now. He spent his life shining the wall.

INTRODUCTION OF THE U.S.-SINGAPORE FREE TRADE AGREEMENT ACT OF 2000

HON. JOE KNOLLENBERG

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, October 27, 2000

Mr. KNOLLENBERG. Mr. Speaker, today I introduce the U.S.-Singapore Free Trade Agreement Act of 2000. It is a critical and timely piece of legislation.

Positioned strategically amid vital shipping lanes, Singapore is one of the United States' closest, most strategically important friends in Southeast Asia. Singapore is the tenth largest export market for the United States. Literally thousands of Americans depend on exports to Singapore for their jobs. The U.S. is also the number one foreign investor in Singapore—with a total of \$25 billion in 1999. There are more than 1,300 U.S. businesses with offices in Singapore and more than 13,000 U.S. citizens living in the multi-ethnic island nation.

Singapore has established itself as the business hub for Southeast Asia and it is quickly becoming a hub for much of the rest of Asia.

Not just in business, but also on vital national security issues, Singapore offers us a perspective on the region informed by kinship with its neighbors and its own history of development. It is a reliable source of stability in region of the world undergoing generally positive, but sometimes wrenching political, economic, and societal change. The U.S. Western Pacific Logistics Command is based in Singapore, and Singapore and the U.S. conduct both joint air and joint naval exercises. Most recently, Singapore has undertaken to build a deep-water pier and naval base, entirely at their own expense, and offered its services to U.S. aircraft carriers.

Singapore's trading regime in goods and services is the freest in Asia. The environment for foreign investment is inviting and the government is a helpful hand for Americans looking to make investments. Having said that, however, there are sectors where American companies are eager to compete. I am hopeful that a U.S.-Singapore trade agreement can both recognize the very free trade and investments relationship that exists and at the same time provide even greater opportunities for American business.

A free trade agreement with Singapore is important for the international free trade agenda as well. The United States must continue to work to bring down barriers to trade throughout the world. Free traders in Congress have had some key victories this year with the Africa Free Trade Bill, the Caribbean Basin Initiative and PNTR for China. We all celebrated those victories, as well we should. However, an anti-trade element still exists in Congress that seeks to turn the political tide against free trade. It will take constant vigilance to build and sustain an active free trade constituency. It is my hope that progress on a Singapore agreement will lead to bi-lateral and multilateral agreements with other Pacific Rim countries that share our interest in opening markets.

A U.S.-Singapore Free Trade Agreement serves several key U.S. national interest. It supports U.S. jobs. It supports U.S. worldwide investment. It solidifies a vital trans-Pacific U.S. relationship. It will serve as a model for

free trade agreements throughout the Pacific-Rim, and encourage the opening of consultations to this end.

I urge my colleagues to join me in cosponsoring the U.S. Singapore Free Trade Act of 2000 and I urge its passage into law.

SPECIAL ORDER ON THE HONORABLE JOHN KASICH

SPEECH OF

HON. STEVEN C. LaTOURETTE

OF OHIO

IN THE HOUSE OF REPRESENTATIVES Thursday, October 26, 2000

Mr. LATOURETTE. Mr. Speaker, I rise today to pay tribute to my good fried, JOHN KASICH. Mr. Speaker, when I was first elected to Congress in 1995, I joined an amazing group of men an women who made up the Ohio delegation. We had JOHN BOEHNER and DEBORAH PRYCE in Leadership; RALPH REGULA and DAVE HOBSON on Appropriations; MIKE OXLEY in Commerce; ROB PORTMAN on Ways and Means; the venerable Lou Stokes as Dean of our delegation; the very capable TONY HALL, PAUL GILLMOR, MARCY KAPTUR, SHERROD BROWN, JIM TRAFICANT and TOM SAWYER and, or course, JOHN KASICH as Budget Committee chairman.

I think all of us—no matter what our party affiliation—have come to truly respect JOHN KASICH for his Herculean effort to pass genuine welfare reform, and to reach a balanced budget agreement for the first time in a generation. I remember when I first came here I was a bit taken back by JOHN's intensity. He had such genuine enthusiasm for Congress, and it was a bit out of the ordinary. JOHN kinda reminds me of that Will Farrell character on "Saturday Night Live"—the Spartan cheerleader—just bouncing off the walls with team spirit.

There is something inherently appealing about JOHN KASICH's tenacity and enthusiasm, his Midwestern sensibility, and his irrepressible zest for life. People trust him, respect him, and they know they're getting the real thing. It's been said that all you really need to know about JOHN KASICH is that even his ex-wife's mother votes for him. We should all be so popular.

JOHN leaves an important legacy in the House: He proved that you can work in a bipartisan fashion, maintain friendships on both sides of the aisle, retain the respect of your peers, and still achieve very big things. The House needs more folks like JOHN KASICH who care so passionately, and refuse to give up.

JOHN KASICH stood his ground and truly changed the way Washington operates. I came here at a time when we spent recklessly and never gave much thought to the future, and now we've ushered in a new era of making government live within its means. Our children are going to inherit a federal government that is more fiscally responsible and more responsive, and no small thanks is due to JOHN KASICH.

I'm proud to have served with him, and for the opportunity to have had the last six years to witness him up close. I will miss his loud ties, his manic energy, how he often seemed less than serious but was always taken seriously, and how—despite being a Republican—he always got to hang around with cool people, like Bono (Bah-no) from U2.

I also will miss hearing JOHN speak on the House floor. He always commanded attention. In fact, I've always thought that when JOHN KASICH took to the floor to speak about anything, he was sort of like road kill—you just couldn't look away. Folks are drawn to his plain but spirited manner and his refreshing candor.

Mr. Speaker, most state delegations could never fill the oratory void left after the departure of a JOHN KASICH. Of course Ohio is a little different from most states. We've been blessed with an abundance of fine orators who command the public's attention. I just hope that in the 107th Congress my good friend, JIM TRAFICANT, will step up to the plate and shed that terrible shyness he has around the C-SPAN cameras.

JOHN KASICH, I thank you for your service to our country, to our fine state of Ohio, and for your years of friendship and guidance. Ohio is losing a great legislator, but I know our state and country have not heard the last of you.

INTRODUCTION OF THE HISPANIC HEALTH ACT OF 2000

HON. CIRO D. RODRIGUEZ

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES Friday, October 27, 2000

Mr. RODRIGUEZ. Mr. Speaker, today I am pleased to introduce the Hispanic Health Act of 2000, legislation to address disparities in access to health care, research, program funding, cultural competence, and representation of Latino health care professionals. This legislation aims to reduce these disparities in three specific disease areas that particularly impact the Hispanic community: diabetes, HIV/AIDS, and mental health in the Hispanic community.

As Chair of the Congressional Hispanic Caucus Task Force on Health, I am committed to fighting the health disparities that Hispanics face in this country. Last year, I and the members of the Congressional Hispanic Caucus released a Report on Hispanic Health in the United States. The report was a direct result of testimony received from community leaders, health providers, and policy makers in a series of forums during the first ever Hispanic Health Awareness Week in September, 1999. The report summarizes the findings from the experts and outlines their recommendations to improve health care delivery to Hispanics.

Racial and ethic minorities continue to experience serious disparities in health. The report's findings demonstrate the seriousness of the situation and the need for immediate action.

Type 2 diabetes accounts for 90 to 95 percent of diabetes cases, and it is the most common form seen in the Latino community. Among Hispanics, type 2 diabetes is twice as high compared to non-Hispanic whites. Six percent of Hispanics in the United States and Puerto Rico have been diagnosed and it is estimated that another six percent have undiagnosed diabetes. One out of every four Mexican Americans and Puerto Ricans ages 45 and older have diabetes. One out of three elderly Hispanics have diabetes. Hispanics account for 20% of new AIDS cases, but only 11% of the population. In 1997, AIDS was the third leading cause of death among Hispanics

between the ages of 25 and 44, and 10th for Hispanics of all ages. Mexican American women are more likely to report severe depression than their non-Hispanic white, or African American female peers.

Substance abuse increased among Hispanic youth at the same time that it declined for non-Hispanic white and African American youth. Those at greatest risk appear to be Hispanic girls. Hispanic girls now lead girls nationwide in rates of suicide attempt, alcohol and drug abuse, and self-reported gun possession.

The Hispanic Health Act of 2000 reflects the recommendations outlined in the Congressional Hispanic Caucus Report on Hispanic Health in the United States. One of the most important issues that this legislation addresses in data collection and research funding. If we do not address disparities in research, we are not going to develop cures that address the health disparities that exist in Hispanic and other minority communities. With a clearer understanding of what we face, we can then deliver culturally competent health services that meet the needs of these communities.

This legislation requests an annual report from the Secretary of Health and Human Services on the progress of Latino initiatives throughout the agency regarding diabetes, HIV infection, AIDS, substance abuse and mental health. This information will prove invaluable in monitoring the responsiveness of HHS to the health needs of the Hispanic community and will give us the tools to direct resources were effectively in the future.

The legislation authorizes two diabetes programs to reduce the devastating impact of this disease on Hispanic-Americans. To increase prevention activities, the bill authorizes \$100 million for the National diabetes Education Program of the Center for Disease Control. These activities include identifying and targeting geographic areas that experience a high incidence of diabetes and diabetes related deaths particularly in the Hispanic community with educational and screening programs.

In addition, this bill authorizes \$1 billion to the National Institute on Diabetes and Digestive and Kidney Diseases to implement the recommendations of its Diabetes Research Working Group. This working group's plan was developed and delivered to Congress pursuant to the Fiscal Year 2000 Appropriations Act of the Department of Health and Human Services.

On HIV and AIDS, the legislation requests a plan from the Centers for Disease Control to address the under-representation of Hispanics in Community Planning Programs. The legislation also calls for the establishment of AIDS education and training centers at eligible Hispanic Serving Institutions funded by the Health Resources and Services Administration. An emphasis shall be placed on providing culturally and linguistically appropriate training of health providers to deliver bilingual HIV treatment and education. In too many cases, the lack of appropriate information creates a barrier to prevention and treatment, costing countless lives and suffering.

In an effort to reverse the trends in Latina suicides, the legislation establishes a female adolescent suicide prevention program. The Secretary of Health and Human Services, in collaboration with other agencies, would be empowered to fund programs that meet a set

of criteria designed to ensure that best practices are implemented to combat Latina suicides. The bill authorizes \$10 million for the implementation of these prevention programs.

The Hispanic Health Act of 2000 also provides for bilingual health professional training with respect to minority health conditions. The bill authorizes \$1 million for the development of culturally competent educational materials and technical assistance in carrying out programs that use such materials. In addition, it provides an additional \$5 million for a Center for Linguistic and Cultural Competence in Health Care through the Office of Minority Health.

A cultural competence demonstration project in the legislation would provide grants to two hospitals that have a history in the Medicare program. The hospitals shall receive a \$5 million grant for five years to enable them to implement standards for culturally competent services to address the needs of any population that is 5% or more of the total population they serve. An additional \$1 million is provided for the purpose of program evaluation. The bill allows for hospitals to use disproportionate share hospital funding to pay for translators for a population that is limited English proficient and makes up 10% or more of the population they serve.

Increasing the numbers of Hispanics who join the health professions is a necessary component of any plan to reverse the historical disparities faced by the community. The Hispanic-Serving Health Professions Schools provision authorizes the Secretary of Health and Human Services to give grants to Hispanic-serving health professions schools for the purpose of carrying out programs to recruit Hispanic individuals to enroll in and graduate from the schools. More Hispanic health professionals will assist greatly in providing culturally competent and linguistically appropriate care.

Finally, the Hispanic Health Act requires the Secretary to include data on race and ethnicity in health data collected under programs carried out by the Secretary. Outcome measures will be developed to evaluate, by race and ethnicity, the performance of health care programs and projects that provide care to individuals under the Medicare and Medicaid programs.

The Hispanic Health Act of 2000 fills an important gap in research, program implementation and evaluation, training, and facilitating cultural competence in health care institutions. I ask my colleagues to join us in taking the historic steps needed to reverse the trends that have left too many behind.

BRING THEM HOME ALIVE ACT OF 2000

SPEECH OF

HON. SHEILA JACKSON-LEE

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES Tuesday, October 24, 2000

Ms. JACKSON-LEE of Texas. Mr. Speaker, I am pleased to rise in support of the "Bring Them Home Alive Act of 2000." This bill creates an extraordinary opportunity for nationals of Vietnam, Cambodia, Laos, China, and the independent states of the former Soviet Union to do a wonderful thing and be richly rewarded for it. If a national from any of these countries